

Indiana Division of Aging
Provider Compliance Survey
(Non-Licensed Providers, AAA Case Management, Independent Case Management)
Procedure

Provider Compliance Survey (for all entities deemed qualified for survey by the Indiana Division of Aging)

Scheduling the Provider Compliance Survey

Selection of Providers: Liberty will schedule Provider Compliance Surveys for Providers that have been deemed by the Division of Aging to be a “Non-Licensed Provider. The Division of Aging will determine from their list of Non-Licensed Providers those that are critical to be surveyed using the Liberty/Division of Aging Provider Compliance Tool. Liberty will continue to collect Non-Licensed Providers through the individualized survey process to supplement the list from the Division of Aging. The Division of Aging will have final authorization for the list of Providers.

Scheduling Timelines: Within the first five (5) business days of each calendar month a designated Division of Aging staff will provide a listing of qualified Non-Licensed Providers to the designated Liberty Staff. The number of Provider Compliance Surveys will not exceed fifteen (15) for any specific month.

Within seven (7) business days of receipt of the list of fifteen (15) qualified, Non-Licensed Providers approved for survey by the Division of Aging, Liberty will make the assignments to the Surveyors to begin scheduling the surveys.

The Surveyor will make telephone contact with the Contact Person with the assigned Provider. The Surveyor will ensure that a minimum of three (3) weeks of lead time is given to the Provider from the time of initial contact until the survey date. The Surveyor and the Provider Contact Person will mutually agree on the date and the starting time of the survey. The Surveyor will inform the Provider Contact Person regarding the staff members that would usually be interviewed during the on-site survey. The Surveyor will inform the Provider Contact Person regarding what types of documents and other information that would usually be reviewed during the on-site survey.

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Following the telephonic conversation with the Provider Contact Person, the Surveyor will initiate an announcement letter to the Provider Contact Person with copies to other staff requested by the Provider Contact Person announcing the Provider Compliance Survey date and time.

On-Site Activities

Opening Meeting: Upon arrival at the Provider's site, the Surveyor completes an opening meeting with the staff present. Identification is presented and a brief introduction and purpose of the visit. During the opening meeting the Surveyor may ask for any information from the Provider Contact Person or other representatives. During the opening meeting the Surveyor tentatively schedules a "closing" meeting where potential concerns, issues or findings will be shared with the Provider staff.

Sampling: The Surveyor will ask for a listing of each employee by name and functional position the Provider employs. From that list the Surveyor will randomly select a sample of employee names that conforms to the percentage number approved by the Division of Aging to be a relevant sample size. Currently the sample size is set at 20% (a minimum of 2) of the total number of staff employed by the Provider and representative of the various services offered by that Provider.

Information Gathering: The Provider Compliance Tool is used as the basis for gathering the information regarding the survey. For each of the selected sample the relevant information will be collected. The information outlined below constitutes the information needed to be collected by the Surveyor:

Name of Provider:	Address:
Provider Type:	Date of survey:

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Surveyor Name:	# of Employees in Organization:	# of Employee Records Reviewed:	Provider Federal Tax ID #:
Employee Name:	Employee Position:		
Employee Name:	Employee Position:		
Employee Name:	Employee Position:		
Employee Name:	Employee Position:		
Employee Name:	Employee Position:		
Employee Name:	Employee Position:		

Providers: Non- Licensed Providers (Adult Foster Care, Adult Day Services, Attendant Care, Homemaker, Transportation, Residential Based Habilitation, Supported Employment, Behavior Management, Structured Day Program), Case Management.

Note for Non-Licensed Providers of Vehicle Modifications, Home Delivered Meals, Environmental Modifications, complete only item #1 &3

Number	Item	Yes	No	N/A	Findings
1	A copy of current and signed provider agreement (1.2-6-1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	For Personal Services Agencies, is the number of clients served less than 8 people?(Non –Licensed services are not to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For no answers, state the number of people served:

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Number	Item	Yes	No	N/A	Findings
	serve more than 7 people)				
3	Current professional and personal liability insurance policy to cover: personal injury, loss of life, property damage to an individual caused by fire, accident, or other casualty arising from the provision of services by the provider (1.2-6-2)(1.2-11-1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	Written, personnel policies reviewed annually, and updated as needed to include (1.2-15-2):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4a	A procedure for conducting reference and employment , and criminal background on each prospective employee or agent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4b	A prohibition against employing or contracting with a person convicted of: Sex Crime; Exploitation of an endangered adult; Abuse or Neglect of a child; Failure to report battery; Neglect or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Number	Item	Yes	No	N/A	Findings
	Exploitation of an adult or child; Theft; Murder; Voluntary or Involuntary Manslaughter; and Battery.				
4c	Job descriptions for each position including minimum qualifications and major job duties of the position.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4d	A copy of an employee's professional licensure, certification, or registration, including renewals as applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4e	A process for evaluation of job performance at the end of a training period and, annually, and including a process from individuals receiving services to give feedback on an employee or agent.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4f	Disciplinary Procedures.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4g	Description of grounds for disciplinary action or dismissal of employee or Agent.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Number	Item	Yes	No	N/A	Findings
4h	Description of an employee's rights and responsibilities , including responsibilities of administrators and supervisors.*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4f	Procedure to ensure compliance with HIPPA regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	A n individuals file , if not at the person's home, or primary site of services is located at the office of the provider (1.2-16-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	A system in place for the transfer of information to and from each provider listed on the individual's plan (1.2-16-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	Maintain a current organizational chart to include Parent organization and Subsidiary organization (1.2-9-1)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	A written quality assurance and quality improvement system that includes: (1.2-9-5)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. a	Focus on individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.b	Appropriate for services being provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.c	Ongoing and updated annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Number	Item	Yes	No	N/A	Findings
8.d	Annual survey of individual satisfaction in accordance with contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.e	Record of findings of annual satisfaction survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.f	Documentation of efforts to improve services based on survey feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.g	Annual assessment of appropriateness & effectiveness of each service provided to individuals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	A written operations manual addressing the requirements in 460-IAC1.2 and regularly updated and revised at least annually (1.2-15-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10a.	For incident filing and review (1.2-8-1, 1.2-8-2. Waiver Assurance G-1.): A written procedure for filing within 24 hours, any suspected Abuse, Neglect or Exploitation , or death of a participant with APS or CPS and DA's Incident Reporting website consistent with provider requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10b.	A procedure in place for filing within 48 hours of any unusual occurrence via DA's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Number	Item	Yes	No	N/A	Findings
	Incident Reporting website consistent with provider requirements.				
10c.	<p>A written quality assurance and quality improvement system, updated annually, that includes(1.2-9-5):</p> <p>A written process for :</p> <p>a)analyzing data for reportable incidents and services provided, and</p> <p>b)developing and reviewing recommendations to reduce the risk of future incidents.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10d.	<p>For all non-licensed providers except CM services:</p> <p>A review of incidents filed over last month (or at least last 5 incidents) shows compliance with procedures and provider requirements.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not applicable to a waiver provider who is offering services as a solo provider

Non Licensed Providers: Direct Support personnel – (Adult Foster Care, Adult Day Services, Attendant Care, Homemaker, Transportation, Residential Based Habilitation, Supported Employment, Behavior Management, Structured Day Program)

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11	Be at least 18 years of Age (1.2-6-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	Demonstrate ability to provide services under individual's plan of care as documented by staff training records including training topics, date of training, length of training and qualifications of trainers. (1.2-14)				
13	Negative TB test or chest X-ray updated yearly (1.2-6-3) (1.2-14-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	If transporting; a valid driver's license (1.2-6-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	If transporting: current insurance on vehicle (1.2-6-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	Current CPR (1.2-6-3) (1.2-14-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Providers; Transportation

Number	Item	Yes	No	N/A	Findings
17	Records of regular and appropriate maintenance and of all vehicles used in transportation services(1.2-12-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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18	Current vehicle registration from the Indiana bureau of motor vehicles; or current registration in the state that the vehicle's owner resides in (1.2-12-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Current Automotive Insurance for all vehicles(1.2-12-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Non Licensed Providers: Non- Direct Support (Case Managers)

Number	Item	Yes	No	N/A	Findings-(When more than one staff reviewed, and a portion is "No", √ the "No" box and state ratio, i.e. 2:2, and identify staff with their initials, titles in the Findings section).
20	Current Professional Licensure, certification or registration(1.2-6-2) (1.2-14-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	All case managers must annually obtain at least 20 hours of training regarding case management services (in a calendar year). Ten hours of this training must be training approved by DDRS under the nursing facility waiver program (1.2-14-1)(1.2-17-2)(HCBS Waiver Provider Manual 2007)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

All Staff of Non- Licensed Providers (Adult Foster Care, Adult Day Services, Attendant Care, Homemaker, Home Delivered Meals, Environmental Modifications, Transportation), Case Management.

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22.	Limited Criminal Background checks from the Indiana State Police central repository for employees before they provide directs services (1.2-6-2)(1.2-15-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23.	A document from the nurse aide registry of Indiana State Department of Health verifying that each employee has no findings entered into the registry before providing direct care (1.2-6-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7-10-09

Directions to Providers:

When an item has been identified with a "No", a Corrective Action Plan (CAP) needs to be written and returned within 13 business days from the receipt of this finding. The CAP form is attached to this email notification. Once the CAP form has been written please submit it to

DASurvey.fssa.in.gov.

The mode of discovery for the survey process consists of talking with as many of the Provider's staff as possible, reviewing various documents and then substantiating those findings with staff that is most appropriately related to the issue. For example, the staff that would most likely have information about employee criminal background checks would be the Human Resources staff that maintains employee records.

Conciliation: Once the Surveyor has collected all the information needed and has documented any concerns, issues or findings on the Provider Compliance Tool, a review of those findings are listed in preparation of a closing

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meeting with Provider staff. Having considered all issues or possible findings, the Surveyor meets at the end of the survey for a closing meeting.

Closing Meeting: The Surveyor closes out the on-site portion of the survey by meeting with the staff that have been present during the survey and those that have come to hear the possible findings. Introductions are made and the people who participated are thanked for their cooperation.

The Surveyor presents the concerns, possible issues and examples of observations discovered during the survey. There may be conversation between the Surveyor and Provider staff for further explanation or clarification of any issue or concern. The Surveyor would not provide any technical assistance, however.

During the closing meeting the Surveyor informs the Provider that for any findings a Corrective Action Plan (CAP) would be required. The Provider is responsible for the CAP upon receipt of the findings report.

Corrective Action Plan

Findings Report: The Surveyor prepares the Findings Report with all the citations and examples to sustain that citation in written form. The Findings Report is sent to the Provider who in turn is responsible to prepare a CAP and return the CAP to the Surveyor.

CAP: The Surveyor accepts or denies the Provider's CAP. If the CAP is accepted the Surveyor makes arrangements with the Provider's Contact Person to complete a follow-up verification to the CAP by a return on-site visit or a desk audit.

If the first CAP is denied it is returned to the Provider with a written reason for the denial. The Provider is given an opportunity to redo the CAP and submit it for a second time. If it is accepted a follow-up verification will be completed by either an on-site visit or a desk audit.

Notification to the Assistant Director of the Division on Aging: If a Provider's CAP has been denied twice the Provider is notified that the survey is reported to the Assistant Director of the Division on Aging for further follow-up actions.

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If a first-time accepted CAP is not implemented during the follow-up verification process, the Provider receives one more opportunity to correct the issues in the citation. If the second verification visit reveals that the CAP has not been implemented, the survey is reported to the Assistant Director of the Division on Aging for further follow-up actions.

Summary: The following Table is a brief summary of the DA Provider Compliance Survey process:

Date of Survey:

Surveyor Name:

Provider's Name:

(1) Pre-Survey Activities	√	(2) On-Site Activities	√	(3) Closing Meeting	√	(4) Report Writing	√
Survey Coordinator assigns Survey to surveyor.		Introduction, Identification, Purpose of visit		Prior to Closing Meeting:		Examples of Issues Written on appropriate finding form	
		Brief Introduction		○ Check all surveyor notes for issues		○ Specific information	
		○ Explain Purpose of visit		○ Data Recording Sheet		○ Only Not Met	
		○ Schedule <i>tentative</i> Closing Meeting		○ Compliance Indicators			
		○ Obtain requested information from the Contact Person or representative		○ Items not met and with evidence of not met		○ Input into database	
				Closing Meeting		Send to Survey Coordinator	
Gather Materials Needed		Information Gathering		○ Introductions			
○ CST, IAC 460 1.2 Regulations and Provider Compliance Tool				○ Thank-you for all cooperation			
○ Data Recording Sheets, forms		○ Conversations with people		○ Explain purpose of survey again			
○ Writing material and notebook		○ Review Documents		○ Present issues			
				○ Discussion of each issue with specific examples			
				○ Allow for questions regarding examples			
Telephone Contact Person at AAA or Non-Licensed Provider		○ Document examples of any issues for citing items on the Provider Compliance Tool					
○ Set Survey Date		○ Document conversations		Provider Corrective Action Plan (CAP)			
○ Recommend staff to be present		○ Review Documents		○ Inform Providers that a CAP is required; Written findings			

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				Report will be sent			
○ Set arrival time				○ CAP for Each Provider			
Request any documents needed at survey				○ Explain timelines for Provider CAP			
				○ Explain timeline for follow-up verification to check CAP			
		Conciliation: Prepare for Closing Meeting		○ Final questions; End Closing			